

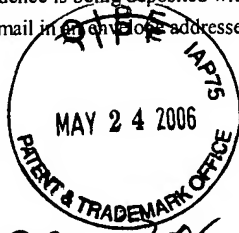
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On

TOWNSEND and TOWNSEND and CREW LLP

By:



TFW *DAC/#*
PATENT
Attorney Docket No.: 18941H-002911US
Client Ref. No.: B98-006-2
Customer No.: 20350

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

GOODMAN *et al.*

Application No.: 10/826,812

Filed: April 16, 2004

For: ROBO: A NOVEL FAMILY OF
POLYPEPTIDES AND NUCLEIC
ACIDS

Confirmation No. 1573

Examiner: Sharon L. Turner

Art Unit: 1649

NOTIFICATION OF ERROR IN SMALL
ENTITY STATUS
AND PAYMENT OF DEFICIENCY
OWED UNDER 37 CFR §1.28(c)

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The above-identified continuation application filed on April 16, 2004 originally claimed small entity status in good faith. However, it has recently been discovered that such status as a small entity was established in error. The error was made without deceptive intent.

The following submission and itemization are submitted to meet the requirements of 37 CFR § 1.28(c)(1) and (c)(2). Applicants respectfully request the total deficiency payment be processed as set out below and that the error be excused.

05/25/2006 SLUANG1 00000008 201430 10826812

01 FC:1001 790.00 DA
02 FC:1252 450.00 DA

Appl. No. 10/826,812
Notification of Error in Small Entity Status and
Payment of Deficiency Owed dated May 22, 2006

PATENT

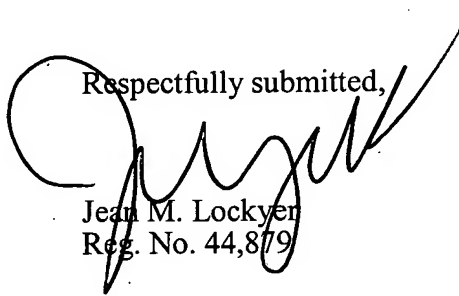
ITEMIZATION AND CALCULATION OF THE DEFICIENCY OWED

DATE FILED	TYPE OF FEE	SMALL FEE ACTUALLY PAID	(CURRENT) LARGE FEE APPLIED	DEFICIENCY PAYMENT OWED
04/16/04	Patent Application Filing Fee	\$385		\$615
	Filing Fees		\$300	
	Search Fees		\$500	
	Examination Fees		\$200	
10/15/04	2-Month Extension	\$215	\$450	\$235
	TOTALS	\$600	\$1450	\$850

TOTAL DEFICIENCY OWED: \$850

Applicants hereby authorize the Commissioner to deduct the total fees of \$850.00 from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account. This authorization is submitted in duplicate.

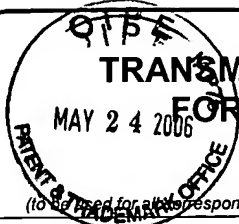
Respectfully submitted,


Jean M. Lockyer
Reg. No. 44,879

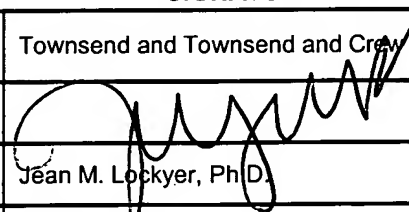
TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 415-576-0200
Fax: 415-576-0300
JML/mcd

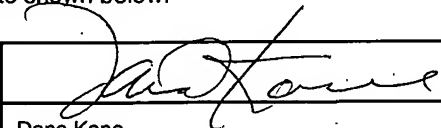
Adjustment date: 05/25/2006 SLUANGi
04/21/2004 HBELETE1 00000049 201430 10826812
01 FC:2001 385.00 CR

Adjustment date: 05/25/2006 SLUANG1
10/19/2004 GWORDOF1 00000074 201430 10826812
01 FC:2252 215.00 CR

 <p>TRANSMITTAL FORM</p> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/826,812	
	Filing Date	April 16, 2004	
	First Named Inventor	Goodman, Corey S	
	Art Unit	1649	
	Examiner Name	Sharon L. Turner	
Total Number of Pages in This Submission	13	Attorney Docket Number	18941H-002911US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form PTO/SB/17 (in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply-"Second Preliminary Amendment" <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1)-Notification of Error in Small Entity Status and Payment of Deficiency Owed w/fee (orig.+1) 2)-Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Jean M. Lockyer, PhD		
Date	May 22, 2006	Reg. No.	44,879

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Dana Kane	Date	05/22/2006

PTO/SB/17 FEE TRANSMITTAL MAY 24 2006 For FY 2006 Applicant claims small entity status. See 37 CFR 1.27		Complete if Known Application Number 10/826,812 Filing Date April 16, 2004 First Named Inventor Goodman, Corey S Examiner Name Sharon L. Turner Art Unit 1649 Attorney Docket No. 18941H-002911US	
TOTAL AMOUNT OF PAYMENT (\$) 400			

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
19	-20 or HP = 0	x \$50 = \$0
Indep. Claims	Extra Claims	Fee (\$)
5	-3 or HP = 2	x \$200 = \$400

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

SUBMITTED BY		
Signature	Registration No. 44,879 (Attorney/Agent)	Telephone 415-576-0200
Name (Print/Type) Jean M. Lockyer, P.D.		Date 05/22/2006